Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				18).	Complete if Known				
FEE TRANSMITTAL					cation Number	10/593,01	3	 · · · · ·	
				Filing	Date	3/19/2004	•		
For FY 2009					Named Inventor	Carolina l	Baten		
Applicant claims small entity status. See 37 CFR 1.27					Examiner Name Felicia C. Kir				
Typhicant claims small chitty status. Sec 57 CTR 1.27				Art Uı	Art Unit 1784				
TOTAL AMOUNT OF PAYMENT (\$) 130				Attorn	Attorney Docket 0470 - 06277			79	
TETHOD OF PAYM	ENT (check a	all that apply)							
Check Cree	lit Card	Money Ord	er	None	Other (please id	lantify):		·	
7				3-0650	_				
Deposit Account	_	_			Deposit Account authorized to: (c				
		•	inc Dhe	cioi is neceby				the filing fee	
	fee(s) indicat	eu below il fee(s) or unde	ernavmen	its of fee(s)			elow, except for	the ming fee	
1 a # 1	37 CFR 1.16 a	* *	or hay mon	m 01 100(a)	✓ Credit an	y overpayments	3		
VARNING: Information on	•	-	redit card	information shou	ld not be included	on this form. Pro	vide credit card		
formation and authorization	·								
EE CALCULATION	•				e subject to a s	urcharge.)		:	
I. BASIC FILING, SI	,				EVAMINI	ATION EEEC			
				RCH FEES Small Entity					
Application Type		Fee (\$)	Fee (\$)		Fee (\$)	Fee (\$)	Fee	es Paid (\$)	
Utility	330	82	540	270	220	110			
Design	220	110	100	50	140	70			
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325			
Provisional	220	110	0	0	0	0			
2. EXCESS CLAIM I	FEES							Small Entity	
Fee Description							<u>Fee (\$</u>	<u>Fee (\$)</u>	
Each claim over 20 (including Reissues)							52	26	
Each independent claim over 3 (including Reissues)							220	110	
Multiple dependent clai	ms						390	195	
Total Claims - 2	0 or HP	Extra Clair	<u>ns</u>	<u>Fee (\$)</u>	Fee Paid (\$)		<u>Multiple</u>	e Dependent Claims	
12 -	<u>20</u> =	= 0	x _	0 =	0		Fee (S	Fee Paid (\$)	
HP = highest number of	otal claims paid	for, if greater the	an 20.						
Indep. Claims - 3	or HP	Extra Clair	<u>ns</u>	<u>Fee (\$)</u>	Fee Paid (\$)			•	
	3 =	= 0	_ x _	0 =	0				
HP = highest number of i	_	ms paid for, if gr	eater than	3.					
B. APPLICATION SI If the specification		s exceed 100 s	sheets of	naner (excludi	ng electronicall	v filed sequenc	ce or computer li	stings under	
-	_			`	_	•	50 sheets or frac	_	
See 35 U.S.C.			. ,		1.50			77 P 41 (0)	
Total Sheets	Extra Sh	•	Numbe		itional 50 or fra			Fee Paid (\$)	
- 100	=	/50 =		(round	l up to a whole nu	ımber) x	· · · · · · · · · · · · · · · · · · ·	=	
I. OTHER FEE(S)	• 😽 •	dia dia dia						Fees Paid (\$)	
Non-English Spe		•		ntity discount)				<u></u>	
Other (e.g., late f	iling surcharg	ge): Extension	of Time	ree (One-Mo	nth)			\$130	
SUBMITTED BY				754	Control of the state of the sta			Libraria Inc. 1	
SUBMITTED BY Signature		- R. X		Re	egistration No.	42,552	Telephone	412-471-8815	

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